DISCLOSURE SUMMARY PAGE	DR-2 DISCLOSURE REPORT
DEC = 1.2003	For Office Use Only
COMMITTEE NAME (Must be same as on Statement of Organization)	Comm. #
IMPORTANT: Indicate type of committee you are reporting for:	Audited
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee (8)Support Slate of Candidates	
alburt L. Sovensen 575-432-4059	//- 25-03 DATE SIGNED
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	DATE SIGNED
Routine Penalties Due For Late Filed Reports Range from	\$20 to \$800
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:	
I AM FILING A No V. 30 Th REPORT FOR AN/A (1) ELECTION	ON //2\NON-FI ECTION VEAR
	e one
(report date)	
CHECK IF AMENDMENT TO REPORT DATED Loca	Committees, enter Date of Election
	11-4-03 hty & Local Committees, enter County in Election is held Booge
STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period,	\$ 216,88
or must be zero if this is first report filed.)	\$
ADD TOTAL MONEY TAKEN IN THIS PERIOD	1.7
Schedule A: Cash Contributions total (Attach Schedule A)	
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	/
SUB-TOTAL	\$217,5-
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	21201
Schedule B: Expenditures total (Attach Schedule B)	
Schedule F: Loan Repayments total (Attach Schedule F)	
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$
UNPAID BILLS (From Schedule D - Attach Schedule D)	
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$
CANDIDATE COMMITTEES ONLY:	. *
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES _XNO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

FORM

FOR INSTRUCTIONS, SEE BACK OF FORM

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) 3 R'S Committee				A MONETARY RECEIPTS		1
			[CHECK THIS BOX IF AMENDING FORM		
STATE CANDIDA NUMBER AND THI DISCLOSURE BOA	ATES NOTE: IF A CONTR E PAC CHECK NUMBER IN ARD.	IIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION OF THE DESIGNATED COLUMN). A LIST OF ID NUMBERS IS AVAILABLE CODE, prohibits the use of information copied from reports	BLE FROM THE IOWA E	THICS A	ND CAMPAH	GN
		NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	A	OUNT CEIVED	√ IF FOF FUND- RAISER INCOME
10/31/03	ID# CK#	Jut on acct. Boone county Community Credit UN 817-84 St. Boone- La. 50036	vien	s	,13	
	ID#			1		
,	CK#					
	ID#					
	CK#					
	ID#			1		
	CK#				:	
	ID#		 	1		
C	CK#					
	ID#	-		1		!

SUB-TOTAL \$ 1/3

TOTAL (If last page of this schedule) \$ 1/3

CK#

ID#

CK#

ID#

CK#

ID#

CK#

ID#

CK#

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES	
CHECK THIS BOX IF AMENDING FORM		

3	R'S C	ommittee		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NI IMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/25/03	ID# CK# 10 32	Neil W. Goeppinge 1270-155 st. 1200ne Ia. 50036	n To Close Accta Regund of contipulia	\$ 217.01
,	CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#		-	
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL TOTAL (if last page of this schedule)	\$ 217.01 \$ 217.01

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to personalentities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page	of	
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